

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005778 (4)**

1. Corporation Name

THE LAKE WALES/TIGER LAKE LIONS CLUB, INC.



Principal Place of Business PO BOX 7451 INDIAN LAKE ESTATES FL 33855-7451	Mailing Address PO BOX 7451 INDIAN LAKE ESTATES FL 33855-7451
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3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3349075	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUSTIN, ELAINE S 301 VALENCIA DR. INDIAN LAKE ESTATES FL 33855		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HEMPEL, HERMAN		1.2 NAME	
STREET ADDRESS 2004 ROSALIE LAKE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PELTIER, CHESTER		2.2 NAME	
STREET ADDRESS 2033 ROSALIE LAKE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME AWCOCOK, BRENDA		3.2 NAME	
STREET ADDRESS 109 PARK AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN LAKE EST FL 33855		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME QUSTIN, ELAINE S		4.2 NAME Dustin, Elaine S	
STREET ADDRESS 301 VALENCIA DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN LAKES FL 33855		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Sharon Lewis	
STREET ADDRESS		5.3 STREET ADDRESS Poshett's Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Indian Lake Est, FL 33855	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME Elaine S. Dustin	
STREET ADDRESS		6.3 STREET ADDRESS 301 Valencia Dr	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Indian Lake Est, FL 33855-7451	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine S. Dustin REQUESTED Elaine S. Dustin 5/27/97 991523 0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053992

CR2E037 (9/96)